



SEATTLE CITY COUNCIL | PRESIDENT | DISTRICT 2

COUNCILMEMBER BRUCE HARRELL

April 10, 2019

VIA HAND-DELIVERY

Seattle City Clerk
600 Fourth Avenue, Third Floor
P.O. Box 94728
Seattle, WA 98124-4728

FILED
CITY OF SEATTLE
19 APR 12 PM 12:13
CITY CLERK

RE: Bruce A. Harrell, Seattle City Councilmember
SEEC Form F-1, Personal Financial Affairs Statements and Supplemental Pages


To Whom It May Concern:

Enclosed you will find my Seattle Ethics & Elections Commission (SEEC) Form, F-1 Personal Financial Affairs Statement and a SEEC F-1 Supplemental Page. These documents are submitted in accordance with RCW 42.17A.700 and Seattle Municipal Code 4.16.080(A).

Please file or record each document in conformity with your standard procedures. If you have any questions, feel free to call me at (206) 684-8804.

Sincerely,

Bruce A. Harrell
Seattle City Council President
Chair: Education, Equity & Governance Committee
Vice-Chair: Human Services & Public Health
206-684-8804

	File with: Seattle City Clerk PO BOX 94728 Seattle, WA 98124-4728 Questions: (206) 684-8500 (206) 615-1248 polly.grow@seattle.gov	SEEC FORM F-1 (7/18)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">SEEC DOLLAR CODE</th> <th style="width: 10%;">AMOUNT</th> </tr> </thead> <tbody> <tr><td>(1) \$0</td><td>-- \$999</td></tr> <tr><td>(2) \$1,000</td><td>-- \$4,999</td></tr> <tr><td>(3) \$5,000</td><td>-- \$9,999</td></tr> <tr><td>(4) \$10,000</td><td>-- \$24,999</td></tr> <tr><td>(5) \$25,000</td><td>-- \$99,999</td></tr> <tr><td>(6) \$100,000</td><td>-- \$199,999</td></tr> <tr><td>(7) \$200,000</td><td>-- \$999,999</td></tr> <tr><td>(8) \$1,000,000</td><td>-- \$4,999,999</td></tr> <tr><td>(9) \$5,000,000 or more</td><td></td></tr> </tbody> </table>	SEEC DOLLAR CODE	AMOUNT	(1) \$0	-- \$999	(2) \$1,000	-- \$4,999	(3) \$5,000	-- \$9,999	(4) \$10,000	-- \$24,999	(5) \$25,000	-- \$99,999	(6) \$100,000	-- \$199,999	(7) \$200,000	-- \$999,999	(8) \$1,000,000	-- \$4,999,999	(9) \$5,000,000 or more		PERSONAL FINANCIAL AFFAIRS STATEMENT
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Deadlines: Incumbent elected and appointed officials -- by April 15. Candidates and others -- within two weeks of becoming a candidate or being newly appointed to a position.																								
SEND REPORT TO Seattle City Clerk																								
"immediate family" means: (a) a spouse or domestic partner, or (b) a parent, parent of a spouse or domestic partner, child, child of spouse or domestic partner, sibling, uncle, aunt, cousin, niece or nephew, if that person either resides with or is a dependent on the Covered Individual's most recently filed federal income tax return. SMC 4.16.080																								
Last Name HARRELL First BRUCE Middle Initial A.			Names of immediate family members. If there is no reportable information to disclose for dependent children, or other dependents living in your household, do not identify them. Do identify your spouse or domestic partner. (SP) Joanne R. Harrell																					
Mailing Address (Use PO Box or Work Address) * 5846 Seward Park Avenue South																								
City Seattle County King Zip + 4 98118			<div style="position: relative;"> <div style="position: absolute; top: 0; right: 0; transform: rotate(90deg); font-size: small;"> FILED CITY OF SEATTLE 19 APR 12 PM 12:13 CITY CLERK </div> </div>																					
Filing Status (Check only one box.) <input checked="" type="checkbox"/> An elected or appointed official filing annual report <input type="checkbox"/> Final report as an elected official. Term expired: _____ <input type="checkbox"/> Candidate running in an election: month _____ year _____ <input type="checkbox"/> Newly appointed to an elective office																								
			Office Held or Sought Office title: <u>City Councilmember</u> Position number: <u>2</u> Term begins: <u>01/01/2016</u> ends: <u>12/31/2019</u>																					
1 INCOME List each employer, or other source of income (pension, social security, legal judgment, etc.) from which you or an immediate family member, received compensation, in any form, of \$2,400 or more during the period. Include stock options received during the reporting period that had a value of more than \$2,400. (Report interest and dividends in Item 3.)																								
Show Self (S) Spouse (SP/DP) Dependent (D)	Name and Address of Employer or Source of Compensation	Occupation or How Compensation Was Earned	Amount: (Use Code)																					
(S)	City of Seattle, 600 4th Avenue, Flr 2, Seattle, WA 98124	City Councilmember	(6)																					
(SP)	Microsoft Corporation, One Microsoft Way, Redmond, WA 98052	General Manager	(7)																					
			()																					
			()																					
Check Here <input type="checkbox"/> if continued on attached sheet																								
2 REAL ESTATE List street address, assessor's parcel number, or legal description AND county for each parcel of Washington real estate with value of over \$12,000 in which you or an immediate family member held a personal financial interest during the reporting period. (Show partnership, company, etc. real estate on F-1 supplement.)																								
Property Sold or Interest Divested 10617 NE 10th Bellevue, WA 98004	Assessed Value (Use 1-9 Code) (8) ()	Name and Address of Purchaser Shobha Chopra Bhansali & Anil Bhansali 16509 NE 50th Wy Redmond, WA 98052	Nature and Amount (Use Code) of Payment or Consideration Received <div style="text-align: right;">(8) ()</div>																					
Property Purchased or Interest Acquired 3316 S. Cadet Ave. Boise, ID 83706-5508	(7) ()	Creditor's Name/Address Wells Fargo PO Box 10445 Des Moines, IA 50306-0335	Payment Terms (eg. 20 yrs at 4.3%) 20% Down 4.35%, 30 YRS	Security Given Mortgage	Mortgage Amount - (Use Code) Original Current (7) (7) () ()																			
All Other Property Entirely or Partially Owned 5846 Seward Park Ave. So. Seattle, WA 98118	(8) ()	Wells Fargo, PO Box 10445 Des Moines, IA 50306-0335	25% Down 3.25%, 15 YRS	Mortgage	(7) (7) () ()																			
Check here <input type="checkbox"/> if continued on attached sheet																								

CONTINUE ON NEXT PAGE

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

A. Name and address of each bank or financial institution in which you or an immediate family member had an account over \$24,000 at any time during the report period.	Type of Account or Description of Asset	Asset Value (Use 1-9 Code)	Income Amount (Use 1-9 Code)
Wells Fargo, 420 Montgomery Street, San Francisco, California 94163 Bank of America, 4th & Madison, Seattle, WA 98101 Charles Schwab, Inc., Phoenix Operations Center, PO Box 52114, Phoenix AZ 85072-2114 Comcast Corporation, PO Box 770003, Cincinnati, OH 45277 (managed by Comcast) Fidelity Investments, PO Box 145421, Cincinnati, OH 45250 (managed by Fidelity) Janus Capital Group, P.O. Box 173375, Denver, CO 80217 (Managed by Janus) Morgan Stanley Smith Barney, 601 Union Street, #5200, Seattle, WA 98101 Prudential Investment Management Services LLC (PIMS), 655 Broad St, 19th Flr, Newark, NJ TRowe Price, P.O. Box 17059, Baltimore, MD 21297-1059	Checking and Savings Accounts Checking and Savings Accounts Retirement / Investment Account Retirement / Investment Account Retirement / Investment Account Retirement / Investment Account Retirement / Investment Account Retirement / Investment Account Retirement / Investment Account	(5) (5) (6) (7) (8) (8) (8) (5) (7)	(1) (2) (3) (4) (5) (5) (6) (1) (5)
B. Name and address of each insurance company where you or an immediate family member had a policy with a cash or loan value over \$24,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you or an immediate family member, owned or had a financial interest worth over \$2,400. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you or your immediate family member had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account. Stock shall be reported by market value at the time of reporting.			
Check here <input checked="" type="checkbox"/> if continued on attached sheet.			

4 CREDITORS

List each creditor you or an immediate family member owed \$2,400 or more any time during the period. Don't include retail charge accounts, credit cards, or mortgages or real estate reported in Item 2.

AMOUNT
(USE 1-9 CODE)

Creditor's Name and Address	Terms of Payment (eg. 6 years at 5.25%)	Security Given	original ()	current ()
Alaska USA Federal Credit Union, PO Box 196613, Anchorage, AK 99519-6613 First Tech Federal Credit Union, PO Box 2100, Beaverton, OR 97075-2100	5 years, 2.25% 5 years, 2.15%	Vehicle Vehicle	(5) (5)	(3) (1)

Check here ☐ if continued on attached sheet.

5 NET WORTH Enter your estimated net worth.

Enter Dollar Amount

\$13,300,000

6 All filers answer questions A thru D below. If the answer is YES to any of these questions, the F-1 Supplement must also be completed as part of this report. If all answers are NO and you are a candidate or an appointee to a vacant elective office filing your initial report, no F-1 Supplement is required.

Incumbent elected officials filing an annual financial affairs report also must answer question E. An F-1 Supplement is required of these officeholders unless all answers to questions A thru E are NO.

- A. At any time during the reporting period were you and/or an immediate family member (1) an officer, director, general partner or trustee of any corporation, company, union, association, joint venture or other entity or (2) a partner or member of any limited partnership, limited liability partnership, limited liability company or similar entity including but not limited to a professional limited liability company? YES If yes, complete Supplement, Part A.
- B. Did you and/or an immediate family member have an ownership of 10% or more in any company, corporation, partnership, joint venture or other business at any time during the reporting period? NO If yes, complete Supplement, Part A.
- C. Did you and/or an immediate family member own a business at any time during the reporting period? NO If yes, complete Supplement, Part A.
- D. Did you and/or an immediate family member prepare, promote or oppose state legislation, rules, rates or standards for compensation or deferred compensation (other than pay for a currently-held public office) at any time during the reporting period? NO If yes, complete Supplement, Part B.
- E. Only for Persons Filing Annual Report. Regarding the receipt of items not provided or paid for by your governmental agency during the previous calendar year: 1) Did you, and/or an immediate family member accept a gift of food or beverages costing over \$50 per occasion? NO or 2) Did any source other than your governmental agency provide or pay in whole or in part for you and/or an immediate family member to travel or to attend a seminar or other training? NO If yes to either or both questions, complete Supplement, Part C.

ALL FILERS EXCEPT CANDIDATES. Check the appropriate box.

- ☒ I hold a local elected office. I have read and am familiar with SMC 2.04.300 regarding the use of public facilities in campaigns.

Contact Telephone: (206) 650-0495 *

Email: _____ (work)*

Email: bruce210@msn.com (Home) Optional

CERTIFICATION: I certify under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge.

04/09/2019

Date

Signature

Bruce A. Hamell

*CANDIDATES: Do not use public agency addresses or telephone numbers for contact information. Report Not Acceptable Without Filer's Signature

3 ASSETS / INVESTMENTS - INTEREST / DIVIDENDS

List bank and savings accounts, insurance policies, stock, bonds and other intangible property (including but not limited to stock options) held during the reporting period.

Continued

A. Name and address of each bank or financial institution in which you, a family member, including registered domestic partner, had an account over \$20,000 any time during the report period.	Type of Account or Description of Asset	Asset Value (Use Code)	Income Amount (Use Code)
B. Name and address of each insurance company where you, a family member, including registered domestic partner, had a policy with a cash or loan value over \$20,000 during the period.			
C. Name and address of each company, association, government agency, etc. in which you, a family member, including registered domestic partner, owned or had a financial interest worth over \$2,000. Include stocks, bonds, ownership, retirement plan, IRA, notes, stock options, and other intangible property. If you, your spouse, registered domestic partner and/or dependents had decision making authority regarding individual assets/investments list each asset or investment, the value and any income amount. EXAMPLE: If you self-directed an investment account identify each stock or other asset in that account.			
Microsoft, One Microsoft Way, Redmond, WA 98052 Google Inc., 1600 Amphitheatre Parkway, Mountain View, CA 94043 U.S. Bank, N.A., 800 Nicollet Mall, Minn., MN 55402 The Boeing Company, 100 N. Riverside, Chicago, IL 60606-1596 Johnson & Johnson, One Johnson & Johnson Plaza, New Brunswick, NJ 08933	Stock Stock Stock Stock Stock	8 6 5 6 6	5 1 2 3 3
Costco, 999 Lake Drive, Issaquah, WA 98027 Starbucks, 2401 Utah Ave South, Seattle, Washington 98134 Bank of America, 100 N. Tryon Street, Charlotte, NC 28255 Wells Fargo, 420 Montgomery Street, San Francisco, California 94163 Amazon.com Inc., 410 Terry Avenue North, Seattle, WA 98109	Stock Stock Stock Stock Stock	5 5 5 5 5	2 2 2 3 1
American Express, 200 Vesey Street, Manhattan, NY 10080 Apple, One Apple Parkway, Cupertino, CA 95014 Home Depot, 2450 Cumberland Parkway, Atlanta, GA 30339	Stock Stock Stock	5 5 5	2 2 2
Check here <input type="checkbox"/> if continued on attached sheet.			



File with: Seattle City Clerk
PO BOX 94728
Seattle, WA 98124-4728
Questions: (206) 684-8500
(206) 615-1248
Polly.Grow@Seattle.gov

SEEC FORM
F-1
SUPPLEMENT
(7/18)

SUPPLEMENT PAGE

PERSONAL FINANCIAL AFFAIRS STATEMENT

PROVIDE INFORMATION FOR YOU AND ANY IMMEDIATE FAMILY MEMBERS

Last Name
HARRELL

First
BRUCE

Middle Initial
A.

DATE
04/10/2019

A

OFFICE HELD, BUSINESS INTERESTS:

Provide the following information if, during the reporting period, you or any immediate family member

- (1) were an officer, director, general partner, trustee, or 10 percent or more owner of a corporation, non-profit organization, union, partnership, joint venture or other entity; and/or
- (2) were a partner or member of a limited partnership, limited liability partnership, limited liability company or similar entity, including but not limited to a professional limited liability company.

- Legal Name: Report name used on legal documents establishing the entity.
- Trade or Operating Name: Report name used for business purposes if different from the legal name.
- Position or Percent of Ownership: The office, title and/or percent of ownership held.
- Brief Description of the Business/Organization: Report the purpose, product(s), and/or the service(s) rendered.
- Payments from Governmental Unit: If the governmental unit in which you hold or seek office made payments to the business entity concerning which you're reporting, show the purpose of each payment and the actual amount received.
- Payments from Business Customers and Other Government Agencies: List each corporation, partnership, joint venture, sole proprietorship, union, association, business or other commercial entity and each government agency (other than the one you seek/hold office) which paid compensation of \$12,000 or more during the period to the entity. Briefly say what property, goods, services or other consideration was given or performed for the compensation.
- Washington Real Estate: Identify real estate owned by the business entity if the qualifications referenced below are met.

ENTITY NO. 1

Reporting For: Self ☐ Spouse ☒

Registered Domestic Partner ☐ Dependent ☐

LEGAL NAME:

University of Washington

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

University of Washington

Regent, No Ownership

ADDRESS:

139 Gerberding Hall, Box 351264, Seattle, WA 98195-1264

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

State Higher Education Institution

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$ 0

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet

CONTINUE PARTS B AND C ON NEXT PAGE

Name **HARRELL, BRUCE A.**

ENTITY NO. 2

Reporting For: Self ☐ Spouse ☒Registered Domestic Partner ☐ Dependent ☐

LEGAL NAME: N/A

POSITION OR PERCENT OF OWNERSHIP

TRADE OR OPERATING NAME:

ADDRESS:

BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION:

PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE:

Purpose of payments

Amount (actual dollars)

\$

PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE:

Agency name:

Purpose of payment (amount not required)

PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE

Customer name:

Purpose of payment (amount not required)

WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel):

Check here ☐ if continued on attached sheet**B****LOBBYING:**

List persons for whom you, or any immediate family member, lobbied or prepared state legislation or state rules, rates, or standards for compensation or deferred compensation. Do not list pay from government body in which you are an elected official or professional staff member.

Person to Whom Services Rendered

Description of Legislation, Rules, Etc.

Compensation (Use Code 1- 9)

()

()

()

Check here ☐ if continued on attached sheet**C****FOOD
TRAVEL
SEMINARS**

Complete this section if a source other than your own governmental agency paid for or otherwise provided all or a portion of the following items to you, your spouse, registered domestic partner or dependents, or a combination thereof: 1) Food and beverages costing over \$50 per occasion; 2) Travel occasions; or 3) Seminars, educational programs or other training.

Date
Received

Donor's Name, City and State

Brief Description

Actual Dollar
AmountValue
(Use Code 1-9)

\$

()

()

()

Check here ☐ if continued on attached sheet

Information Continued

F-1 Supplement

Name HARRELL, BRUCE A.	
ENTITY NO. LEGAL NAME: N/A TRADE OR OPERATING NAME: ADDRESS: BRIEF DESCRIPTION OF THE BUSINESS/ORGANIZATION: PAYMENTS ENTITY RECEIVED FROM GOVERNMENTAL UNIT IN WHICH YOU SEEK/HOLD OFFICE: <div style="display: flex; justify-content: space-between;"> Purpose of payments Amount (actual dollars) </div> <div style="display: flex; justify-content: space-between;"> \$ </div>	Reporting For: Self <input type="checkbox"/> Spouse <input checked="" type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Dependent <input type="checkbox"/> POSITION OR PERCENT OF OWNERSHIP PAYMENTS ENTITY RECEIVED FROM OTHER GOVERNMENT AGENCIES OF \$12,000 OR MORE: <div style="display: flex; justify-content: space-between;"> Agency name: Purpose of payment (amount not required) </div> <div style="display: flex; justify-content: space-between;"> </div>
PAYMENTS ENTITY RECEIVED FROM BUSINESS CUSTOMERS OF \$12,000 OR MORE <div style="display: flex; justify-content: space-between;"> Customer name: Purpose of payment (amount not required) </div> <div style="display: flex; justify-content: space-between;"> </div>	
WASHINGTON REAL ESTATE IN WHICH ENTITY HELD A DIRECT FINANCIAL INTEREST (Complete only if ownership in the ENTITY is 10% or more and assessed value of property is over \$24,000. List street address, assessor parcel number, or legal description and county for each parcel): 	

B LOBBYING: (Continued)

Person to Whom Services Rendered	Description of Legislation, Rules, Etc.	Compensation (Use Code 1-9)
		()
		()
		()

C FOOD TRAVEL SEMINARS (continued)

Date Received	Donor's Name, City and State	Brief Description	Actual Dollar Amount	Value (Use Code 1-9)
			\$	()
				()
				()